





Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP 1380-0153P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD AND	DEVICE 1	FOR NON-DES	TRUCTIVE	REAL-TIME	MEASUREM	ENTS	
	the specification of which							
Fill in Appropriate Information -	the enecification w	as filed on					as	
For Use Without	United States App	lication Number	· · · · · · · · · · · · · · · · · · ·			(if applicable)	and/or	
Specification Attached:	the specification w	as filed on					as PCT	
,	International App	ication Number				(if ap	ana was plicable)	
	amended under PCT Article 19 on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as							
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal							
	Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having							
	a filing date before that	of the application	on on which priority is o	elaimed:		Priority (
Insert Priority	Prior Foreign Applic			Oatobo	r 25, 2000		_	
Information:	2000 5376	Norwa (Country)	<u>Y</u>		y/Year Filed)	X) Yes	□ No	
(if appropriate)	(Number)	(Country)		(1/10/12/) 24				
	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No	
	(Number)	(Commy)		(,				
. •	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No .	
		(Country)		(Month/Da	y/Year Filed)	☐ Yes	□ No	
	(Number)	•		•	-	applications(s) li	sted below.	
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number)	·		(Filing I	Date)		· · ·	
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Mont	h/Day/Year)		
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclos information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)	<u>.</u>	(Filing Date)		(Status - patented, p	ending, abandor	ned)	
	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandor	ned)	



1380-0153P Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	Donald J. Daley	(Reg. No. 34,313)
John W. Bailey	(Reg. No. 32,881)	John A. Castellano	(Reg. No. 35,094)
Gary D. Yacura	(Reg. No. 35.416)	- ·	, -

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP

r Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DATE* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE 26/10-00 John Petter FJELDSTAD CITIZENSHIP Residence (City, State & Country) Norway Sandefjord, Norway POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Raveien 291, N-3220 Sandefjord, Norway INVENTOR'S SIGNATURE DATE* GIVEN NAME/FAMILY NAME Fieldstaw Irina Evgenievna FJELDSTAD 26/10-00 CITIZENSHIP Residence (City, State & Country) Norway Sandefjord, Norway POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Raveien 291, N-3220 Sandefjord, Norway DATE* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATUR 26/10-00 Leonid Mikhailovich LOBANOV CITIZENSHIP Residence (City, State & Country) Ukraine Kiev, Ukraine POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Volodimirska Str. 92/39, Apt. 3, 252001 Kiev, Ukraine DATE* GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE 26/10-00 Vjacheslav A. PIVTORAK Residence (City, State & Country) CITIZENSHIP Ukraine Kiev, Ukraine POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Sapernoye pole, 26A, Apt. 34, 252042 Kiev, Ukraine DATE* INVENTOR'S SIGNATURE GIVEN NAME/FAMILY NAME 26/10-00 Galina Ivanovna TKACHUK CITIZENSHIP Residence (City, State & Country) Ukraine Kiev, Ukraine POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Vernadskogo Ave., 87A, Apt. 112, 252142 Kiev, Ukraine

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Full Name of First
or Sole Inventors
Insert Name of
Inventor
Insert Date
Insert Date This
Document is Signed

Insert Citizenship

nsert Post Office Address

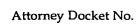
j.

FU FU Full Name of Second Inventor, if anys see above

Full Name of Third Inventor, if any:

Pull Name of Fourth Inventor, if any: see above

Full Name of Fifth Inventor, if any:



1	Ť.
9	
•	
	•

Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Sergey G. ANDRUSHCHENKO	()		26/10-00			
	Residence (City, State & Country)		CITIZENSHIP				
	Kiev, Ukraine	Ukraine	· .				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
	M. Berlinskogo Str. 16, apt. 11, 252060 Kiev, Ukraine						
Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Irina V. KIJANETS	Juni		26/10-00			
	Residence (City, State & Country)	V	CITIZENSHIP	•			
	Kiev, Ukraine	Ukraine					
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
χ.	Bazhana Ave. 28, Apt. 11, O2140 Kiev, Ukraine						
Full Name of Eighth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Valeriy A. PAVLOV	pul		26/10-00			
-	Residence (City, State & Country)	*	CITIZENSHII				
	Kiev, Ukraine	Ukraine					
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
	Rusanovski Bulvar 5, Apt. 26, 252154 Kiev, Ukraine						
Full Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<i></i>	DATE*			
see above	Nikolay A. DAVIDENKO	San		26/10-00			
	Residence (City, State & Country)		CITIZENSHII	?			
	Kiev, Ukraine		Ukraine				
	POST OFFICE ADDRESS (Complete Street Addre		_				
	L. Gavro Str., 4A, Apt. 43, 2						
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Nikolay G. KUVSHINSKY	6		26/10-00			
	Residence (City, State & Country)	/ /.	CITIZENSHII				
	Kiev, Ukraine	Ukraine					
¢ .	POST OFFICE ADDRESS (Complete Street Addre						
	Bulvar Davidova 7, Apt. 11, 252154 Kiev, Ukraine						
Full Name of Eleventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	-	DATE*			
see above		·	-				
	Residence (City, State & Country)		CITIZENSHIE	٠. ا			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
				DATE:			
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
SEC ADOVE			Chidain in				
	Residence (City, State & Country)		CITIZENSHII	-			
i	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						

Page 3 of 3 (Rev. 01/05/2000)

*DATE OF SIGNATURE

(X) application serial no. __ () patent no. If the rights held by the above identified small business concern are not exclusive, each individual. concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27) NAME () INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION NAME _ ADDRESS () INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fin or imprisonment, or both, under section 1001 of Title 18. If the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING John Petter Fjeldstad

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING Raveien 291, N-3220 Sandefjord, Norway

SIGNATURE Som 1. Filleshed DATE formary But loo